

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO.	FILING DATE
APPLICANT(S) 10/563090		

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7	1					
8	1					
9		1				
10	1					
11		1				
12		1				
13	1					
14		1				
15	1					
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30		1				
31		1				
32	1					
33		1				
34		2				
35	1					
36		1				
37		1				
38		2				
39	1					
40		1				
41		1				
42		2				
43	1					
44		1				
45		1				
46		1				
47		1				
48	1					
49	1					
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
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97						
98						
99						
100						
TOTAL IND.	20	↓		↓		↓
TOTAL DEP.	35	←		←		←
TOTAL CLAIMS	55					